

MDR Tracking Number: M5-04-0893-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on November 24, 2003.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visits, joint mobilization, myofascial release, therapeutic exercises, and hot/cold packs were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatments listed above were not found to be medically necessary, reimbursement for dates of service from 06-16-03 to 07-30-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 20th day of February 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division
PR/pr

NOTICE OF INDEPENDENT REVIEW DECISION

February 12, 2004

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: MDR Tracking #: M5-04-0893-01
IRO Certificate #: IRO4326

____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in Chiropractic Medicine. ___'s health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained an injury to his 4th and 5th digits on ___ when his left hand got caught in a metal grinder. He reported pain and paresthesia to the effected area and also developed an infection requiring antibiotics and aggressive wound care. He saw a chiropractor on 06/06/03 for pre-operative therapy. On 09/10/03, he underwent surgery for open repair of boutonniere deformity.

Requested Service(s)

Office visits, joint mobilization, myofascial release, therapeutic exercises, and hot/cold packs from 06/16/03 through 07/30/03

Decision

It is determined that the office visits, joint mobilization, myofascial release, therapeutic exercises, and hot/cold packs from 06/16/03 through 07/30/03 are not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient has been an appropriate candidate for active care. The provider wrote on the initial visit date, these various modalities of active and passive care would be utilized to "decrease fixation and restore proper range of motion...to restore functional mobility". However, there apparently was no entrance examination from which to establish that these objective deficits existed or to establish the nature and severity of these functional limitations. Even if it could be assumed that significant functional limitations were present, an examination would be necessary to document said limitations and to provide a baseline of objective data from which to ascertain, through subsequent examinations and testing, if the treatment was proving to be efficacious. It appears that a code was utilized on the first date of service to reflect that an examination took place; however, no significant objective exam is documented. This need for a baseline of objective data is especially important in this particular case due to the fact that there is no information provided as to the intentions of the referring doctor in regards to this particular patient and also due to the fact that the patient was participating in an extensive amount of therapy for this one body part.

The provider utilized five units of active care and an unspecified amount of passive care and manual/manipulative care.

As opined previously, this patient was a good candidate for a course of active care to treat functional limitations but no baseline documentation is present in the reviewed medical record. Therefore, it is determined that the office visits, joint mobilization, myofascial release, therapeutic exercises, and hot/cold packs from 06/16/03 through 07/30/03 are not medically necessary.

Sincerely,